

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL ACTION

Cleary

Plaintiff

V.

CASE NUMBER: 1:00-cv-02125

Kyler

Defendant

TO:

(SEE COMPLAINT)

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

Plaintiff's Attorney:

John Cleary  
SCI Pittsburgh  
DF5779  
Box 999D1  
Pittsburgh, PA 15322

an answer to the complaint which is herewith served upon you, within (20) TWENTY DAYS after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

MARY E. D'ANDREA, Clerk

BY:

Deputy Clerk

DATE: January 30, 2001

FILED  
SCRANTON

MAR 08 2001

PER

DEPUTY CLERK

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

SUMMONS IN A CIVIL ACTION

PARTIES FOR CASE #1:00-cv-02125

John Cleary  
    plaintiff

v.

Kenneth Kyler  
    defendant  
William S. Ward  
    defendant  
Howard Imschweiler  
    defendant

## RETURN OF SERVICE - Case #1:00-cv-02125

Service of the Summons and Complaint was made by me *	DATE	
NAME OF SERVER (Print)	TITLE	
Check one box below to indicate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____  <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____  <input type="checkbox"/> Returned unexecuted: _____  <input type="checkbox"/> Other (specify): _____  _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: right;">Address of Server _____</p>		

\*) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

**WAIVER OF SERVICE OF SUMMONS**

TO: John Cleary  
 (Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action  
 of Cleary VS Kyler, which is case number CV-00-2125 in the

United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 1-31-01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

3/6/01  
 DATE

[Signature]  
 SIGNATURE

Printed/typed name: Raymond W. Dorian

Title if any: Assistant Counsel

Address of Person signing: PA Department of Corrections  
Office of Chief Counsel

55 Utley Drive

Camp Hill, PA 17011

Party you represent: Defendants Kenneth Kyler, William Ward and  
Howard Imschweiler

FILED  
 SCRANTON

MAR 08 2001

PER [Signature]  
 DEPUTY CLERK

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	<u>John Cleary</u>	COURT CASE NUMBER	<u>1:CV-00-2125</u>
DEFENDANT	<u>Kenneth D. Kyle</u>	TYPE OF PROCESS	<u>CIVIL ACTION</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>Kenneth D. Kyle Superintendent of S.C.I. Camp Hill</u>		
	<u>2500 LISBURN RD</u>		
	<u>CAMP HILL PA 17001</u>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>John Cleary DF5779</u>		Number of parties to be served in this case	<u>3</u>
<u>PO Box 99901</u>		Check for service on U.S.A.	<u>0</u>
<u>PITTSBURGH, PA 15233</u>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

CAMP HILL PRISON; 2500 LISBURN RD, CAMP HILL PA 17001; Ph. (717) 737-4531  
(717) 975-5232  
CENTRAL OFFICE; 2520 LISBURN RD, CAMP HILL PA 17001

0800-1600 - MON THRU FRI (excluding state and federal holidays)

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<u>[Signature]</u>		<u>N/A</u>	<u>11 JAN 2001</u>

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>67</u>	District to Serve No. <u>67</u>	Signature of Authorized USMS Deputy or Clerk <u>G. Lanelle</u>	Date <u>1/31/01</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>3/6/01</u>	Time am pm
				Signature of U.S. Marshal or Deputy <u>G. Lanelle</u>	
Service Fee <u>\$1.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>\$1.00</u>	Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund

REMARKS:



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>JOHN CLEARY</b>	COURT CASE NUMBER <b>1:CV-00-2125</b>
DEFENDANT <b>HOWARD IMSCHWEILER</b>	TYPE OF PROCESS
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>HOWARD IMSCHWEILER: MAIL ROOM SUPERVISOR</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2500 LISBURN RD. CAMPHILL, PA 17001</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	<b>1</b>
<b>JOHN CLEARY DF5779 PO Box 99901 PITTSBURGH, PA 15233</b>	Number of parties to be served in this case	<b>3</b>
	Check for service on U.S.A.	<b>0</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**CAMP HILL PRISON; 2500 LISBURN RD, CAMPHILL PA 17001**  
**PH.# (717) 737-4531 ALT PH# (717) 975-5232**  
**CENTRAL OFFICE; 2520 LISBURN RD, CAMPHILL PA 17001**  
**0800 - 1600 - MON. - FRI (excluding state and federal holidays)**

Signature of Attorney or other Originator requesting service on behalf of: <b>[Signature]</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>N/A</b>	DATE <b>12 JAN 2001</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>67</b>	District to Serve No. <b>67</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>1/31/01</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>3/6/01</b> Time <b>pm</b>
	Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee <b>8.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>8.00</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>JOHN CLEARY</b>	COURT CASE NUMBER <b>1: CV-00-2125</b>
DEFENDANT <b>WILLIAM S. WARD; UNIT MANAGER; E UNIT</b>	TYPE OF PROCESS <b>CIVIL ACTION</b>
SERVE <b>WILLIAM S. WARD; UNIT MANAGER; E-UNIT</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2500 LISBURN RD CAMP HILL PA 17001</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <input type="checkbox"/> <b>JOHN CLEARY DF5779</b> <b>Po Box 99901</b> <b>PITTSBURGH, PA 15233</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>3</b>
	Check for service on U.S.A. <b>0</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

**CAMP HILL PRISON; 2500 LISBURN RD, CAMP HILL PA 17001**  
**PA # (717) 737-4531 ALT # (717) 975-5232**

**CENTRAL OFFICE; 2520 LISBURN RD, CAMP HILL PA 17001**  
**0800-1600-MON-FRI (excluding state and federal holidays)**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

11 JAN 2001

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>67</b>	District to Serve No. <b>67</b>	Signature of Authorized USMS Deputy or Clerk <b>Andrien Lavelle</b>	Date <b>1/11/01</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <b>3/6/01</b>	Time <b>pm</b>
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Signature of U.S. Marshal or Deputy

**Lavelle**

Service Fee <b>8.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>8.00</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: